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Mary E. Tricario (Depositor's name)
Mary E. Tricario (Signature)
6-22-05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/644,638 08/20/2003 Philippe F. Jubin VTN-5027-USA-NP 7540

TITLE OF INVENTION: ROTATIONALLY STABILIZED CONTACT LENSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SUGARMAN, SCOTT J	2873	351-16000H

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Lois Gianneschi
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Johnson & Johnson Vision Care Inc. Jacksonville, FL

Recorded: 08/20/2003
Reel/Frame: 014423/0507

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: [Signature]
Typed or printed name: Lois Gianneschi

Date: 6/22/05
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